

DECLARATION AND POWER OF ATTORNEY, FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR § 1.63)		Case No: 58915US007
First Named Inventor: Kyle J. LINDSTROM COMPLETE IF KNOWN		
Application No.: _____		
Filing Date: _____		
Art Unit: _____		
Examiner Name: _____		

As a below named inventor, I hereby declare that my residence, mailing address, and citizenship are as stated below next to my name, and that I believe I am an original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ALKOXY SUBSTITUTED IMIDAZOQUINOLINES

The specification of which

- is attached hereto; was filed on _____
As United States Application No. _____

is identified as PCT International Application No.
filed on October 1, 2014

PCT/US2004/032616

and was amended on [redacted] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 USC §§ 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which my priority is claimed.

Prior Foreign Application No.	Country	Foreign Filing Date (MM/DD/YYYY)	Priority NOT Claimed	Certified Copy Attached	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I hereby appoint Practitioners at Customer Number 32692 as my attorneys and/or agents with full powers (including the powers of appointment, substitution, and revocation) to prosecute this application and any division, continuation, continuation-in-part, reexamination, or reissue thereof, and to transact all business in the U.S. Patent and Trademark Office connected therewith.

**Customer Number for
Practitioner of Record:** 32692

I also appoint the following Practitioners as my attorneys and/or agents with full powers (including the powers of appointment, substitution, and revocation) to prosecute this application and any division, continuation, continuation-in-part, reexamination, or reissue thereof, and to transact all business in the U.S. Patent and Trademark Office connected therewith: None

The mailing address and the telephone number of the above-identified attorneys and/or agents are that of Customer No. 32692.

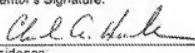
Inquiries regarding this application can be made to:

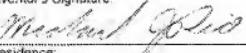
Attention: Dean A. Ersfeld
Office of Intellectual Property Counsel
3M Innovative Properties Company
Telephone No.: 651-733-7830

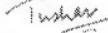
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Kyle J.	Family Name or Surname: LINDSTROM	
Inventor's Signature: 		Date: 2-7-2006
Residence: Houlton, Wisconsin	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Bryon A.	Family Name or Surname: MERRILL	
Inventor's Signature: 		Date: 02/07/2006
Residence: River Falls, Wisconsin	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		

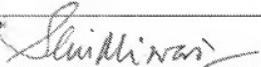
NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Chad A.	Family Name or Surname: HARALDSON	
Inventor's Signature: 		Date: 1/20/06
Residence: Apple Valley, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		

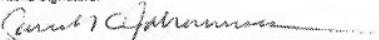
NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Michael J. Rice		Family Name or Surname Oakdale, Minnesota
Inventor's Signature: 		Date: 1-22-2006
Residence: Oakdale, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Tushar A.		Family Name or Surname: KSHIRSAGAR
Inventor's Signature: 		Date: 2/1/06
Residence: Woodbury, Minnesota	Country: USA	Citizenship: India
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Philip D.		Family Name or Surname: HEPPNER
Inventor's Signature: 		Date: 1/20/2006
Residence: Forest Lake, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Joshua R.		Family Name or Surname: WURST
Inventor's Signature: 		Date: 1/20/2006
Residence: North St. Paul, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address: P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Shri	Family Name or Surname: NIWAS	
Inventor's Signature: 	Date: 2/07/06	
Residence: Maple Grove, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address. P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		

NAME OF JOINT INVENTOR, IF ANY:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.
Given Name (first and middle [if any]): Sarah C.	Family Name or Surname: JOHANNESSEN	
Inventor's Signature: 	Date: 1/20/06	
Residence: Minneapolis, Minnesota	Country: USA	Citizenship: United States of America
Mailing Address. P.O. Box 33427, St. Paul, Minnesota 55133-3427, USA		